Addressing social and gender norms to improve uptake of maternal health services in Mali:

CARE’s Project Hope for Mothers and Newborns (PEMN)

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Maternal Health in Mopti: Connecting the Determinant Dots

- Government of Mali’s Health System Response: supplies, training, referral system
- Regional disparities affecting Mopti
- Social, gender and power norms in the Mopti context
  - Social and cultural pressures exerted through key influencers
  - Control over household resources
  - Male-dominated decision-making

Contraceptive Use:
- Oral Pills, 5%
- Injections, 4%
- Standard Days, 2%
- Not Using, 88%
Intervention and Study Components

- PEMN utilized a **case-control methodology** to examine the additive effect of conducting both quality of care and social norm interventions on maternal health care utilization.

- **Maternal Health Package**
  - Training: labor-related skills
  - Equipment
  - Management systems: referrals

- **Social Norms Package**
  - Critical Reflection and Dialogue (CRD)
  - Starting with staff

**Social Analysis & Action**

1. **transform staff capacity**
   - to self-reflect, challenge, and facilitate

2. **reflect with community**
   - on social norms values and discrimination

3. **plan for action**
   - with community members to address discrimination and challenge social norms

4. **implement plans**
   - using pooled project and community resources to achieve greater social equity

5. **evaluate change in individuals; group; structures, policies and laws; and social norms**
Figure 1. PEMN Theory of Change

**Social Norms Package**
- Couple counseling
- Extended family birth planning
- Male friendly services
- Community involvement through *Kenya* Committee

**Proximate Social Behaviors:**
- Early ID of pregnancy
- Discussion of pregnancy with extended family and husband
- Husband participation in care
- Couple communication reproductive health

**Social Results**
- Shifts in gender and HH roles
- Shifts in HH dynamics and decision-making
- Increased couple communication
- Increased value of women
- Respectful care
- Decreased stigma around SRH
- Community responsibility for pregnant women

**Outcomes**
- Utilization of Maternal health services
- Women’s well-being
Endline Results

- Significantly higher incidence of ANC visits, which took place half a month earlier in the intervention district.

- 27-percentage point difference in women having a safe birth plan prior to delivery.
Qualitative Results

“Now my wife has become my friend and confidante”

“Now my husband does not insist if I tell him that I do not want [sexual intercourse]. And when we are together he also agrees to wear the Manani [condom] because I told him I did not want to get pregnant for two or three years.”

- Reflection processes among staff, health workers and the community, coupled with activities that in themselves challenged norms, provided an invaluable platform for critical thinking, communication and motivation for change.

- Increased communication in turn increased women’s involvement in decisions, perceptions of the value of women, and male involvement in childcare.
Discussion

- **Gender Transformative Models**: Start with Staff

- **The Enabling Environment**: Where does it start and end?
  - Meaningful engagement of stakeholders beyond the couple
  - Culturally appropriate and relevant interventions
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